

**St. Martin Parish School of Religion (PSR)  
2022-2023 Medical Information Form**

Please complete one Medical Information Form for each child.

Child's Name \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

If you cannot be reached in case of emergency, whom shall we call?

Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Student's Physician: \_\_\_\_\_

Physician Phone #: \_\_\_\_\_

The following information is necessary in case we need to seek emergency treatment for your child. Your answers will be kept confidential to be used only in case of emergency.

Is your child allergic to anything? If so, please list

Food \_\_\_\_\_ Medicines \_\_\_\_\_

Other \_\_\_\_\_

List of medications: \_\_\_\_\_

Can your child:

Walk unassisted? \_\_\_\_\_ Sit for moderate periods of time? \_\_\_\_\_

Eat and drink unassisted? \_\_\_\_\_ Take part in moderate physical activities? \_\_\_\_\_

I understand that every attempt will be made to reach me, but if the severity of the injury indicates the necessity, emergency personnel may be called.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_